

State of Connecticut

GENERAL ASSEMBLY



PERMANENT COMMISSION ON THE STATUS OF WOMEN

18-20 TRINITY STREET
HARTFORD, CT 06106-1628
(860) 240-8300
FAX: (860) 240-8314
Email: pcsw@cga.ct.gov
www.cga.ct.gov/PCSW

**Testimony of
Leslie J. Gabel-Brett, Ph.D.
Executive Director
Permanent Commission on the Status of Women
Before the
Select Committee on Children
Tuesday, February 8, 2005**

Re:

- H.B. 6359, An Act Implementing the Recommendations of the Girls Services Steering Committee**
- H.B. 6363, An Act Concerning Alternatives to Incarceration and Diversion Programs for Adolescent Girls**
- H.B. 6354, An Act Concerning a Study of the Effectiveness of Teen Abstinence Programs**
- H.B. 5481, An Act Concerning the Adolescent Health Council and a Study of Adolescent Abstinence Programs**

Good afternoon, Sen. Meyer, Rep. Cardin and members of the Committee. My name is Leslie Gabel-Brett and I am the Executive Director of the Permanent Commission on the Status of Women. Thank you for this opportunity to testify regarding two bills that address services for girls and two bills that address abstinence-only programs.

This past year, I had the privilege of participating as a member of the Girls Services Steering Committee, convened by the Department of Children and Families, pursuant to Special Act 04-05, which resulted from a bill sponsored by Representative Hamm and others. The Act required DCF to produce a plan for a "continuum of community-based services" in order to prevent the incarceration of female juvenile status offenders or delinquents. The result of the committee's work is a thorough and

comprehensive report.¹ It includes eleven specific recommendations for Year 1 (2005), and more recommendations for improving services to girls over the next few years.

The PCSW strongly urges this Committee and the General Assembly to adopt and fund these recommendations. Some recommendations do not require new expenditures, but simply require DCF and the Court Support Services Division (CSSD) to realign existing resources and formalize planning and partnerships for improving services to girls. Other recommendations will require new or reallocated resources, particularly for staff training. We firmly believe that whatever resources are invested in these efforts will be returned in full because girls who receive better treatment and services will spend less time in state-supervised care or incarceration, will be less likely to return to the juvenile justice system, and will be more likely to succeed in living independent lives.

Why do we need new or improved services for adolescent girls? A growing body of research and experience has demonstrated that girls and women need “gender-specific” services that take into account their particular experiences and developmental needs. For example, an overwhelming majority of girls and women who enter the criminal justice system have been the victims of sexual or domestic violence; in fact, the DCF report notes that girls are three times more likely than boys to have been sexually abused by the age of 18. Girls who have been sexually abused are more likely to experience stress, depression and low self-esteem.² Treatment or responses that do not address the psychological consequences of trauma will not work, and may actually re-victimize the victims. In addition, research demonstrates that girls and women are more likely to thrive in settings where personal relationships are valued and nurtured, and where cultural differences are also respected. The report issued by DCF includes 16 principles for shaping effective, gender-specific services for girls (pp. 37-41).

We are happy to work with this Committee and other experts in this field to identify the specific recommendations that can be implemented through legislation, and we urge your support of this effort.

We wish to comment on two bills before you that would require an evaluation of the effectiveness of abstinence-only programs for adolescents. Adolescents need complete, medically accurate information about sexuality, contraception and the prevention of sexually transmitted diseases. Programs that fail to provide this information in a responsible, age-appropriate manner put the health of young adults at risk. Abstinence-only programs have been studied by national experts and, according to the Alan Guttmacher Institute, “To date, no education program focusing exclusively on abstinence has shown success in delaying sexual activity.”³ We believe there is sufficient research about the comparative effectiveness of various programs designed to reduce teen pregnancy and the incidence of sexually transmitted diseases, and we respectfully recommend that resources be devoted to comprehensive sexuality education rather than further study. Thanks you.

¹ *Plan for a Continuum of Community Based Services for Adolescent Females Involved in the Juvenile Court System*, Department of Children and Families, December 30, 2004

² *ibid.*, citing various psychological research reports, p. 27

³ Cynthia Dailard, “Understanding ‘Abstinence’: Implications for Individuals, Programs and Policies,” *The Guttmacher report on Public Polic*, December 2003, pp.4-6.

